THE APPLICATION FORM FOR APPLICANT LABORATORY BUREAU OF LABORATORY ACCREDITATION DEPARTMENT OF SCIENCE SERVICE

FOR BLA OFFICER
Application number
Date
Applicant
Testing Laboratory
Payment Receipt No
Issued No.

			Date	Month	Year	
Name o	of Organization /Office					
Head C	Office Address					
Road		District		Province/City		
Country	/F	Postcode				
Tel	F	- ax		E-mail address		
	I hereby apply for laboratory a	ccreditation a	according to	ISO/IEC 17025 :	: 2005	
The req	uested scopes are shown in the S	Supporting do	cuments for	accreditation for	m (LA-F-02).	
Name o	of Laboratory					
Addres	S					
Road	Dis	strict		Province/City		
Country	/Pos	stcode				
Tel	Fa:	x		E-mail address:		
2.	, , , , , , , , , , , , , , , , , , , ,					
I promis	se that:					
1.	I shall pay for an application fee and all fees as listed in the regulation document (LA-R-02) after receiving					
	the quotations from the Bureau of Laboratory Accreditation, Department of Science Service.					
2.	2. I shall perform according to the requirements, regulation and criteria for competence of testing labora					
	(LA-R-03). And in addition to t	fied in List of pub	olication (LA-I-01)			
3.	All information provided is tru					
		Signed			Applicant	
			()	
		()	Authorized	l person		

Remark: - Please provide two copies of the application form (original and photocopy, 1 each).

- BLA-DSS policy and procedures of assessment and decision making are provided for all applicant laboratories in a non-discriminatory manner without conditions on the size of organisation, private or public organisation, and its affiliation to any particular group or association.

() Designated Authorized person

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